



## Complete Summary

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### TITLE

Osteoporosis management in women who had a fracture: percentage of women 67 years of age and older who suffered a fracture, and who had either a bone mineral density (BMD) test or prescription for a drug to treat or prevent osteoporosis in the six months after date of the fracture.

### SOURCE(S)

National Committee for Quality Assurance (NCQA). HEDIS 2006. Health plan employer data & information set. Vol. 2, Technical specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2005. 350 p.

## Measure Domain

### PRIMARY MEASURE DOMAIN

#### Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

### SECONDARY MEASURE DOMAIN

Does not apply to this measure

## Brief Abstract

### DESCRIPTION

This measure is used to assess the percentage of women 67 years of age and older who suffered a fracture, and who had either a bone mineral density (BMD) test or prescription for a drug to treat or prevent osteoporosis in the six months after date of the fracture. Because women who suffer a fracture are at an increased risk of additional fractures and are more likely to have osteoporosis, this measure assesses how well plans manage women at high risk for a second fracture.

### RATIONALE

Osteoporosis is a skeletal disorder characterized by compromised bone strength that puts a person at increased risk for fractures.

The U.S. Preventive Services Task Force (USPSTF) states that the benefits of screening and treatment are of at least moderate magnitude for women at increased risk by virtue of age or presence of other risk factors. There is good evidence that the risk for osteoporosis and fracture increases with age and other factors; bone density measurements accurately predict the risk for fractures in short-term; treating asymptomatic women with osteoporosis reduces their risk for fracture.

#### PRIMARY CLINICAL COMPONENT

Osteoporosis; fracture; bone mineral density (BMD) test; drug prescription

#### DENOMINATOR DESCRIPTION

Women 67 years of age and older as of December 31 of the measurement year, with a Negative Medication History, who suffered a fracture between July 1 of the year prior to the measurement year and June 30 of the measurement year. If the member has more than one fracture during the specified period, the managed care organization (MCO) should include only the first fracture (see the "Description of Case Finding" and the "Denominator Inclusions/Exclusions" field in the Complete Summary).

#### NUMERATOR DESCRIPTION

Members from the denominator who were appropriately treated or tested for osteoporosis after the fracture. Appropriate treatment or testing is defined by any one of the three criteria below:

- Had a bone mineral density (BMD) test on the Index Episode Start Date or in the 180-day period after the Index Episode Start Date
- Had a BMD test during the acute care inpatient stay for the fracture (applies only to fractures requiring hospitalization)
- Dispensed a prescription to treat osteoporosis on the Index Episode Start Date or in the 180-day period after the Index Episode Start Date

See the related "Numerator Inclusions/Exclusions" field in the Complete Summary.

### Evidence Supporting the Measure

#### EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

## Evidence Supporting Need for the Measure

### NEED FOR THE MEASURE

Overall poor quality for the performance measured  
Use of this measure to improve performance

### EVIDENCE SUPPORTING NEED FOR THE MEASURE

National Committee for Quality Assurance (NCQA). The state of health care quality 2005: industry trends and analysis. Washington (DC): National Committee for Quality Assurance (NCQA); 2005.

## State of Use of the Measure

### STATE OF USE

Current routine use

### CURRENT USE

Accreditation  
Decision-making by consumers about health plan/provider choice  
External oversight/Medicare  
Internal quality improvement

## Application of Measure in its Current Use

### CARE SETTING

Managed Care Plans

### PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Measure is not provider specific

### LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

### TARGET POPULATION AGE

Age 67 years and older

### TARGET POPULATION GENDER

Female (only)

## STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

### Characteristics of the Primary Clinical Component

#### INCIDENCE/PREVALENCE

Ten million Americans have osteoporosis and another 18 million are at risk for osteoporosis due to low bone mass.

One study showed that less than 5% of patients with osteoporotic fractures are referred for medical evaluation and treatment. Another retrospective study of over 1,000 postmenopausal women who sustained a fracture of the distal radius found that only 24% received either a diagnostic evaluation or treatment for the condition.

#### EVIDENCE FOR INCIDENCE/PREVALENCE

National Committee for Quality Assurance (NCQA). HEDIS 2006: narrative: what's in it and why it matters. Vol. 1. Washington (DC): National Committee for Quality Assurance (NCQA); 2005. 88 p.

#### ASSOCIATION WITH VULNERABLE POPULATIONS

Eighty percent of people with osteoporosis are women.

#### EVIDENCE FOR ASSOCIATION WITH VULNERABLE POPULATIONS

National Committee for Quality Assurance (NCQA). HEDIS 2006: narrative: what's in it and why it matters. Vol. 1. Washington (DC): National Committee for Quality Assurance (NCQA); 2005. 88 p.

#### BURDEN OF ILLNESS

Morbidity and mortality related to osteoporotic fractures are a major health issue.

#### EVIDENCE FOR BURDEN OF ILLNESS

National Committee for Quality Assurance (NCQA). HEDIS 2006: narrative: what's in it and why it matters. Vol. 1. Washington (DC): National Committee for Quality Assurance (NCQA); 2005. 88 p.

#### UTILIZATION

In 1995, osteoporotic fractures caused 432,000 hospital admissions, 2.5 million physician visits and 180,000 nursing home admissions.

#### EVIDENCE FOR UTILIZATION

National Committee for Quality Assurance (NCQA). HEDIS 2006: narrative: what's in it and why it matters. Vol. 1. Washington (DC): National Committee for Quality Assurance (NCQA); 2005. 88 p.

## COSTS

Treatment of osteoporotic fractures is estimated at \$10-\$15 billion annually in the U.S. The aging U.S. population is likely to increase the future financial cost of osteoporosis care.

## EVIDENCE FOR COSTS

National Committee for Quality Assurance (NCQA). HEDIS 2006: narrative: what's in it and why it matters. Vol. 1. Washington (DC): National Committee for Quality Assurance (NCQA); 2005. 88 p.

## Institute of Medicine National Healthcare Quality Report Categories

### IOM CARE NEED

Living with Illness

### IOM DOMAIN

Effectiveness

## Data Collection for the Measure

### CASE FINDING

Users of care only

### DESCRIPTION OF CASE FINDING

Women 67 years of age and older as of December 31 of the measurement year, with a Negative Medication History, who suffered a fracture between July 1 of the year prior to the measurement year and June 30 of the measurement year and who were continuously enrolled in Medicare 12 months prior to the initial eligible fracture through 6 months (180 days) post-fracture with no more than one gap in enrollment of up to 45 days during the continuous enrollment period

### DENOMINATOR SAMPLING FRAME

Patients associated with provider

### DENOMINATOR INCLUSIONS/EXCLUSIONS

#### Inclusions

Women 67 years of age and older as of December 31 of the measurement year,

with a Negative Medication History\*, who suffered a fracture between July 1 of the year prior to the measurement year and June 30 of the measurement year. If a member has more than one fracture during the specified period, the managed care organization (MCO) should include only the first fracture. Refer to codes in Table OMW-A in the original measure documentation to identify fractures.

\*Negative Medication History. A period of 60 days prior to the Index Episode Start Date, during which time the member had no diagnosis of fracture using Table OMW-A in the original measure documentation. For fractures requiring an inpatient stay, use the date of admission to determine a negative diagnosis history.

#### Exclusions

Exclude members who have received osteoporosis screening (refer to Table OMW-B in the original measure documentation for codes to identify bone mineral density [BMD] test) or treatment in the prior year and members who have received any specified Food Drug Administration (FDA)-approved medication (refer to Table OMW-C in the original measure documentation) for osteoporosis.

Note: Refer to the original measure documentation for steps to identify the eligible population.

### RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

#### DENOMINATOR (INDEX) EVENT

Clinical Condition  
Institutionalization  
Patient Characteristic

#### DENOMINATOR TIME WINDOW

Time window brackets index event

#### NUMERATOR INCLUSIONS/EXCLUSIONS

##### Inclusions

Members from the denominator who were appropriately treated or tested for osteoporosis after the fracture. Appropriate treatment or testing is defined by any one of the three criteria below:

- Had a bone mineral density (BMD) test (refer to Table OMW-B in the original measure documentation for codes to identify bone mineral density [BMD] test) on the Index Episode Start Date\* or in the 180-day period after the Index Episode Start Date
- Had a BMD test (refer to Table OMW-B) during the acute care inpatient stay for the fracture (applies only to fractures requiring hospitalization)
- Dispensed a prescription (refer to Table OMW-C in the original measure documentation) to treat osteoporosis on the Index Episode Start Date or in the 180-day period after the on the Index Episode Start Date

\*Index Episode Start Date: The date of service for any outpatient claim/encounter during the Intake Period\*\* with a diagnosis of fracture (refer to Table OMW-A in the original measure documentation for codes to identify fractures). For fractures requiring hospitalization (inpatient), the date of service is the date of discharge from the inpatient setting.

\*\*Intake Period: A 12-month window that begins on July 1 of the year prior to the measurement year and ends on June 30 of the measurement year. The Intake Period is used to capture eligible episodes.

Exclusions  
Unspecified

## MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

## NUMERATOR TIME WINDOW

Fixed time period

## DATA SOURCE

Administrative data

## LEVEL OF DETERMINATION OF QUALITY

Individual Case

## PRE-EXISTING INSTRUMENT USED

Unspecified

## Computation of the Measure

## SCORING

Rate

## INTERPRETATION OF SCORE

Better quality is associated with a higher score

## ALLOWANCE FOR PATIENT FACTORS

Unspecified

## STANDARD OF COMPARISON

External comparison at a point in time  
External comparison of time trends  
Internal time comparison

## Evaluation of Measure Properties

### EXTENT OF MEASURE TESTING

Unspecified

## Identifying Information

### ORIGINAL TITLE

Osteoporosis management in women who had a fracture (OMW).

### MEASURE COLLECTION

[HEDIS® 2006: Health Plan Employer Data and Information Set](#)

### MEASURE SET NAME

[Effectiveness of Care](#)

### DEVELOPER

National Committee for Quality Assurance

### ADAPTATION

Measure was not adapted from another source.

### RELEASE DATE

2004 Jan

### REVISION DATE

2005 Jan

### MEASURE STATUS

This is the current release of the measure.

### SOURCE(S)

National Committee for Quality Assurance (NCQA). HEDIS 2006. Health plan employer data & information set. Vol. 2, Technical specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2005. 350 p.



## MEASURE AVAILABILITY

The individual measure, "Osteoporosis Management in Women Who had a Fracture (OMW)," is published in "HEDIS 2006. Health plan employer data & information set. Vol. 2, Technical specifications."

For more information, contact the National Committee for Quality Assurance (NCQA) at 2000 L Street, N.W., Suite 500, Washington, DC 20036; Telephone: 202-955-3500; Fax: 202-955-3599; Web site: [www.ncqa.org](http://www.ncqa.org).

## COMPANION DOCUMENTS

The following is available:

- National Committee for Quality Assurance (NCQA). The state of health care quality 2005: industry trends and analysis. Washington (DC): National Committee for Quality Assurance (NCQA); 2005. 74 p.

For more information, contact the National Committee for Quality Assurance (NCQA) at 2000 L Street, N.W., Suite 500, Washington, DC 20036; Telephone: 202-955-3500; Fax: 202-955-3599; Web site: [www.ncqa.org](http://www.ncqa.org).

## NQMC STATUS

This NQMC summary was completed by ECRI on June 16, 2006. The information was not verified by the measure developer.

## COPYRIGHT STATEMENT

This NQMC summary is based on the original measure, which is subject to the measure developer's copyright restrictions.

For detailed specifications regarding the National Committee on Quality Assurance (NCQA) measures, refer to HEDIS Volume 2: Technical Specifications, available from the NCQA Web site at [www.ncqa.org](http://www.ncqa.org).

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